



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 61000/101										
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on 11/11/2004</p> <p>Signature: <u>Sherri A. Moscato</u></p> <p>Name: Sherri A. Moscato</p>												
<p>In re Application of Harold Kraft et al.</p> <table border="1"> <tr> <td>Application Number 09/713,600</td> <td>Filed 11/15/2000</td> </tr> <tr> <td colspan="2">For METHOD, SYSTEM AND COMPUTER-READABLE MEDIUM FOR ACCESSING AND RETRIEVING COURT RECORDS, ITEMS AND DOCUMENTS</td> </tr> <tr> <td>Group Art Unit 2177</td> <td>Examiner Miranda Le</td> </tr> </table>			Application Number 09/713,600	Filed 11/15/2000	For METHOD, SYSTEM AND COMPUTER-READABLE MEDIUM FOR ACCESSING AND RETRIEVING COURT RECORDS, ITEMS AND DOCUMENTS		Group Art Unit 2177	Examiner Miranda Le				
Application Number 09/713,600	Filed 11/15/2000											
For METHOD, SYSTEM AND COMPUTER-READABLE MEDIUM FOR ACCESSING AND RETRIEVING COURT RECORDS, ITEMS AND DOCUMENTS												
Group Art Unit 2177	Examiner Miranda Le											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>												
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)</td> <td>\$ 490.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)</td> <td>\$ _____</td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)	\$ 490.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____											
<p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p>												
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>												
<p>RECEIVED NOV 24 2004</p> <p>Technology Center 2100</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<u>11/11/2004</u> Date		<u>Gunnar Leinberg</u> Signature										
		<u>Gunnar G. Leinberg</u> Typed or printed name										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>												
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>												

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